

STATE VETERANS HOME PLAN OF CORRECTION - Skilled

DATE OF INSPECTION: August 31, September 1 & 2, 2009 Eastern Nebraska Veterans Home, Bellevue, NE

STANDARD		DEFICIENCY	PLAN OF CORRECTIVE ACTION	SVH STAFF	EVIDENCE OF IMPROVEMENT	VA STAFF SIGNATURE	DATE	METHOD OF REVIEW
51.210 o.1.	<p>Clinical Records.</p> <p>The facility management must maintain clinical records on each resident in accordance with accepted professional standards and practice that are:</p> <p>Complete; Accurately documented; Readily accessible; and Systematically organized.</p>	<p>A. This standard is not met as evidenced by: -Review of documentation for 10 members with orders for nourishments. 10 out of 10 memberes sampled had missing, incomplete, or inaccurate documentation for the month of August 2009. Member #'s 6, 9, 13, 20, 26, 27 had no % intake recorded for the month of August. Member # 25 had missing nourishment intake documentation at 6 meals. Member #20 had missing documentation of administration for 8 out of 31 days. Member # 13 had significant weight loss in the past 6 months and had the food/fluid intake at meals missing for 6 out of 31 days, no nourishment intake documentation for the month of August and the MAR indicates nourishment order was d/c'd on August 24th in error.</p> <p>B. According to written policy and procedures provided by DON and administrative support staff, NOURISHMENT POLICY: Day and evening shifts "will offer all ordered snacks/fluids and document intake." DIETARY – MEAL MONITORING: "Nursing staff will monitor and record meal intake on all members, except for assisted living."</p> <p>C. Physician order sets are not printed and signed per policy of routine 60 day recerts as evidenced by member # 1 sets signed 11/20/08,2/8/09,3,21,09 (ok), 8/25/09. Member #15 2/8/09, 4/25/09(ok),7/16/09. Member #6 way more often than required-ok 4/9/09,5/20/09,6/3/09,6/19/09,7/28/09 and 8/22/09. Re-weigh policy not followed for nursing staff to re-weigh for a 3 pound weight difference: Member #1 on 8-6-09 weighed 140lbs on 8-14-09 weighed 136.6 lbs Member #3 on 8-5-09 weighed 165.8 lbs on 8-12-09 weighed 178.0 lbs Member #6 on 6-14-09 weighed 190.2 lbs, 6-16-09 weighed 195.1 lbs, 6-20-09</p>	<p>Can not correct to the member.</p> <p>All members are at risk.</p> <p>A. Dr. ordered supplements will be initialed as given on the M.A.R. If the ordered supplement is not taken the staff will document on the M.A.R.</p> <p>Nursing staff will be educated on the updated nourishment policy by 11/09/09.</p> <p>The R.D. will audit M.A.R.s and meal intake records 2 times a week for 4 weeks then 1x a week for 4 weeks or 100% compliance and report findings to QA.</p> <p>R.D. will provide nursing with updated supplement list weekly starting 10/05/09.</p> <p>Unit clerks will audit list and orders on the M.A.R. for accuracy and report findings to the unit manager weekly starting 10/05/09 results of the audits will be taken to QA.</p> <p>B. Re-education to the nursing staff will be provided by unit managers on the weight policy by 11/09/09.</p> <p>All weights will be turned into the Unit</p>	Nurse Executive, QA, R.D., Unit Managers				

		<p>weighed 197.4 lbs 6-23-09 weighed 191.1 lbs, 6-30-09 weighed 194.3 lbs, 7-7-09 weighed 194.2 lbs, 7-14-09 weighed 194.2 lbs and 7-21-09 weighed 190.6 lbs.</p> <p>Member #15 on 5-25-09 weighed 160 lbs, 5-29-09 weighed 164 lbs, 6-2-09 weighed 173lbs, 6-9-09 weighed 176.8lbs, 6-15-09 weighed 171.8 lbs, 7-19-09 weighed 175 lb, 7-22-09 weighed 171 lbs and 7-30-09 weighed 169 lbs.</p>	<p>Manager or designee weekly for verification of accuracy and re-weighs starting 10/12/09. Findings will be reported to QA.</p> <p>C. Facility is no longer printing physician order sets. Medical Director reviews the medications with periodic review.</p>					
51.120 n.1,2	<p>Medication Errors. The facility management must ensure that:</p> <p>1. Medication errors are identified and reviewed on a timely basis; and</p> <p>2. Strategies for preventing medication errors and adverse reactions are implemented.</p>	<p>This standard as not been met as evidenced by:</p> <p>Employee # 2 did not measure water to 8 oz when giving order miralax.</p> <p>Employee #20 did not measure 8 oz of water as ordered to be mixed with Miralax.</p> <p>Member has furosemide ordered for administration at 0800 and 1200.</p> <p>Employee #20 did not administer furosemide until 1100.</p>	<p>The facility is unable to correct to the person.</p> <p>All members are at risk.</p> <p>All M.A.R.s will have orders that specify the amount of water to mix with miralax by 11/9/09.</p> <p>The procedure for miralax will be given to all nursing staff that pass medications and re-education to the medication times by the Unit Manager or designee starting 10/2/09 and completed by 11/9/09.</p> <p>Unit Manager or designee with audit the administration of miralax and timeliness of medications 3 times a week for 4 weeks then 1 time a week for 4 weeks or 100% compliance and turn audits into QA.</p>	Nurse Executive, Unit Managers, QA				
51.140 d.2	<p>Food. Each resident receives and the facility provides:</p> <p>Food that is palatable, attractive, and at the proper temperature;</p>	<p>This standard has not been met as evidenced by:</p> <p>-food held and served at improper temperatures</p> <p>- 09/01/09 sausage served at breakfast meal in main/motivation and service dining areas registered temperatures at 122 and 120 degrees, respectively. 09/01/09 noon meal, chicken breast held in a warming cart (heated to 158 degrees)</p>	<p>Unable to correct to specific members.</p> <p>Members at risk will be identified and monitored by our Contract Dietician.</p> <p>All dietary staff will be educated by Contract Dietician on taking of</p>	Deputy Administrator, Dietary Director, Dietician, QA				

		registered 132 degrees in the M/S dining area.	proper food temperatures, in-service completed by 10/15/09. In addition to audits already being conducted by the cooks and Food Service Assistants, the Food Service Supervisors/Leaders will perform audits for Breakfast, Lunch and Supper starting 9/21/09 daily for 2 weeks, 3x each week for 2 weeks, 1x each week each meal for 4 weeks or until 100% compliance. Wells will be checked for proper operation and ability to hold proper temperatures annually. Progress will be monitored by monthly Quality Improvement Council. Corrective action to be completed 11/09/09.					
51.190	Infection Control The facility management must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection	This standard has not been met as evidenced by: -Employee #21 did not wear gloves when administered eye drops to member #39 -While doing a treatment on member # 38, employee #14 used gloved hands to adjust the volume on the TV and then continued on with the treatment.	The facility can not correct to the member. All members are at risk that receive medications or wound treatments. Re-education with be provided to all nurses by the Infection control Nurse or designed by 11/9/09 on proper use of gloves. Audits on treatments and medication pass will be done 2 times a week for 4 weeks or 100% compliance by the Unit manger/ Infection Control Nurse or designee starting 10/5/09 and turned into QA.	Nurse Executive, Unit Managers, QA				

Did the SVH submit CAP within 10 days? ____ Yes ____ No

Approve / Disapprove

Full Certification

Provisional Certification